

Foster Family Home - Corrective Action Report

Provider ID: 1-140033

Home Name: Rhoda M. Bolosan, NA

Review ID: 1-140033-8

94-510 Hiahia Loop

Reviewer: Jackie Chamberlain

Waipahu

HI

96797

Begin Date: 2/22/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client # 2, caregiver # 3

Foster Family Home Medication and Nutrition [11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e) [REDACTED] listed on the MAR of client # 1 but has not been given since last year

Foster Family Home Records [11-800-54]

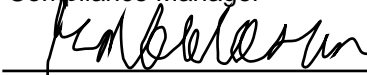
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2) Service plan for client #1 Service plan lists for [REDACTED] MD order is present for this on label or MAR

54.(c)(5) Medication discrepancy for client # 1 and 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred

 RN
Compliance Manager


Primary Care Giver

2/23/21
Date
2/23/21
Date